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State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12613-25

FID #: 923206

ISSUED TO: **Avant & Nunn, LLC**
 Woodbury Wellness Center, Inc

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: **Relocate 43 NF beds from Pender Memorial Hospital for a total of no more than 155 NF beds and 68 ACH beds upon project completion / Pender County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Woodbury Wellness Center**
 2778 Country Club Drive
 Hampstead, NC 28443

CAPITAL EXPENDITURE: **\$176,000**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **December 1, 2025**

This certificate is effective as of May 23, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Avant & Nunn, LLC and Woodbury Wellness Center, Inc (hereinafter collectively certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 43 NF beds from Pender Memorial Hospital for a total of no more than 155 NF beds and 68 ACH beds at Woodbury Wellness Center in Pender County.**
- 3. The certificate holder shall delicense no more than 32 ACH beds at Woodbury Wellness Center upon project completion.**
- 4. Upon completion of this project, Woodbury Wellness Center shall be licensed for no more than 155 NF beds and 68 ACH beds.**
- 5. The certificate holder shall certify at least 67.6 percent of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.**
- 6. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on December 1, 2025.**
- 8. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 25, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	09/01/2025
2	Equipment Installed	09/15/2025
3	Equipment Operational	09/15/2025
4	Building / Space Occupied	10/01/2025
5	Licensure Obtained	10/01/2025
6	Services Offered	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12604-25

FID #: 990332

ISSUED TO: WakeMed

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 6 additional Level III neonatal beds for a total of no more than 14 neonatal beds upon project completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed Cary Hospital
1900 Kildaire Farm Road
Cary, NC 27518

CAPITAL EXPENDITURE: \$1,478,780

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2025

This certificate is effective as of May 13, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. WakeMed (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than six additional Level III neonatal beds for a total of no more than 14 neonatal beds upon project completion.**
- 3. Upon completion of the project, WakeMed Cary Hospital shall be licensed for no more than 14 Level III neonatal beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on November 1, 2025.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 13, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/02/2025
2	Drawings Completed	03/01/2026
3	Construction / Renovation Contract(s) Executed	08/01/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2026
5	50% of Construction / Renovation Completed	11/15/2026
6	75% of Construction / Renovation Completed	01/15/2027
7	Construction / Renovation Completed	04/01/2027
8	Equipment Ordered	10/01/2026
9	Equipment Installed	04/15/2027
10	Equipment Operational	06/01/2027
11	Building / Space Occupied	07/01/2027
12	Services Offered	10/01/2027